



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

## FOREIGN AND INSULAR.

### BRAZIL.

#### *Report from Rio de Janeiro.*

RIO DE JANEIRO, BRAZIL, *October 25, 1901.*

SIR: I have the honor to transmit herewith the official sanitary report of Rio de Janeiro for the week ended October 20. There were 320 deaths from all causes, a decrease of 47 as compared with the preceding week. There were 2 deaths from *accessio pernicioso*, a decrease of 7; 3 from yellow fever, the same as before; 50 from smallpox, an increase of 2; 4 from typhoid fever, an increase of 2; 1 from beriberi; none from diphtheria, a decrease of 2; 2 from measles, a decrease of 1; 1 from whooping cough, a decrease of 1; 15 from bubonic pest, an increase of 6; 1 from leprosy, and 53 from tuberculosis, a decrease of 9.

The decrease in the number of deaths from lymphatitis, already noticed in my previous reports, and a similar decrease recently in the number of those from *accessio pernicioso*, a customary scapegoat for cases that can not be properly diagnosed, or that it seems inexpedient so to diagnose, seems, in my opinion, to indicate that there has not been such an increase in the spread of the bubonic pest as is evidenced by the figures given therefor. I can but believe that it is largely a matter of reclassification.

Respectfully,

EDWARD W. AMES,  
*United States Vice Consul-General.*

The SURGEON-GENERAL,  
*U. S. Marine-Hospital Service.*

### CANADA.

#### *Inspection of immigrants at Quebec during the week ended November 16, 1901.*

QUEBEC, CANADA, *November 18, 1901.*

SIR: I have the honor to report that for the week ended November 16, there were inspected 461 immigrants; passed, 436. \* \* \*

Respectfully,

VICTOR G. HEISER,  
*Assistant Surgeon, U. S. M. H. S.*

The SURGEON-GENERAL,  
*U. S. Marine-Hospital Service.*

*Smallpox in the city of Quebec—Vaccination required.*

MONTREAL, CANADA, *November 21, 1901.*

SIR: I have the honor to report that for the week ended November 16, there were 41 cases of smallpox and no deaths reported in the city of Quebec. This is an increase of 2 cases over the preceding week.

Much difficulty is being experienced in having all the inhabitants vaccinated, owing largely to the many "bad arms" that have been caused by the process. On investigation, I find, almost without exception, that whenever a badly infected arm is found that the vaccination is done with a dry point.